

By the Committee on Health, Aging and Long-Term Care; and
Senator Dawson

317-1809-01

1 A bill to be entitled
2 An act relating to the Florida Kidcare Act;
3 amending ss. 409.811, 409.8132, 409.814,
4 409.818, 409.904, 624.91, F.S.; defining the
5 term "Florida Kidcare program"; deleting
6 certain limitations on enrolling in the
7 Medikids program; revising criteria for Kidcare
8 program components; extending the period that a
9 child is eligible for coverage without a
10 redetermination of eligibility; deleting
11 obsolete provisions; providing for state
12 funding of the Kidcare program; requiring
13 uniform and joint administration of Kidcare
14 program implementation; requiring joint
15 development of a plan for Kidcare eligibility
16 determinations and plan implementation by a
17 date certain; creating s. 409.81753, F.S.;
18 providing for Kidcare program providers;
19 requiring the Department of Health to develop
20 and implement uniform provider standards for
21 Kidcare components; providing an effective
22 date.

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24 Be It Enacted by the Legislature of the State of Florida:

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26 Section 1. Present subsections (14) through (27) of
27 section 409.811, Florida Statutes, are redesignated as
28 subsections (15) through (28), respectively, and a new
29 subsection (14) is added to that section, to read:

30 409.811 Definitions relating to Florida Kidcare
31 Act.--As used in ss. 409.810-409.820, the term:

1 (14) "Florida Kidcare program" means the child health
2 insurance program that includes children's Medicaid coverage,
3 Medikids, the Florida Healthy Kids Corporation, Children's
4 Medical Services, and any employer-sponsored health insurance
5 programs approved under ss. 409.810-409.820. Any child
6 enrolled in the Medicaid program is a participant in the
7 Florida Kidcare program, regardless of whether the child was
8 enrolled using the simplified application process or whether
9 the child receives other public benefits.

10 Section 2. Subsection (7) of section 409.8132, Florida
11 Statutes, is amended to read:

12 409.8132 Medikids program component.--

13 (7) ENROLLMENT.--Enrollment in the Medikids program
14 component may only occur during periodic open enrollment
15 periods as specified by the agency. An applicant may apply for
16 enrollment in the Medikids program component and proceed
17 through the eligibility determination process at any time
18 throughout the year. However, enrollment in Medikids shall not
19 begin until the next open enrollment period; and a child may
20 not receive services under the Medikids program until the
21 child is enrolled in a managed care plan or MediPass. In
22 addition, once determined eligible, an applicant may receive
23 choice counseling and select a managed care plan or MediPass.
24 The agency may initiate mandatory assignment for a Medikids
25 applicant who has not chosen a managed care plan or MediPass
26 provider after the applicant's voluntary choice period ends.
27 An applicant may select MediPass under the Medikids program
28 component ~~only in counties that have fewer than two managed~~
29 ~~care plans available to serve Medicaid recipients and only if~~
30 ~~the federal Health Care Financing Administration determines~~

1 ~~that MediPass constitutes "health insurance coverage" as~~
2 ~~defined in Title XXI of the Social Security Act.~~

3 Section 3. Section 409.814, Florida Statutes, is
4 amended to read:

5 409.814 Eligibility.--A child whose family income is
6 equal to or below 200 percent of the federal poverty level is
7 eligible for the Florida Kidcare program as provided in this
8 section. In determining the eligibility of such a child, an
9 assets test is not required. An applicant under 19 years of
10 age who, based on a complete application, appears to be
11 eligible for the Medicaid component of the Florida Kidcare
12 program is presumed eligible for coverage under Medicaid,
13 subject to federal rules. A child who has been deemed
14 presumptively eligible for Medicaid shall not be enrolled in a
15 managed care plan until the child's full eligibility
16 determination for Medicaid has been completed. The Florida
17 Healthy Kids Corporation and other federally approved entities
18 may, subject to compliance with applicable requirements of the
19 Agency for Health Care Administration and the Department of
20 Children and Family Services, be designated as an entity to
21 conduct presumptive eligibility determinations. An applicant
22 under 19 years of age who, based on a complete application,
23 appears to be eligible for the Medikids, Florida Healthy Kids,
24 or Children's Medical Services network program component, who
25 is screened as ineligible for Medicaid and prior to the
26 monthly verification of the applicant's enrollment in Medicaid
27 or of eligibility for coverage under the state employee health
28 benefit plan, may be enrolled in and begin receiving coverage
29 from the appropriate program component on the first day of the
30 month following the receipt of a completed application. For
31 enrollment in the Children's Medical Services network, a

1 complete application includes the medical or behavioral health
2 screening. If, after verification, an individual is determined
3 to be ineligible for coverage, he or she must be disenrolled
4 from the respective Title XXI-funded Kidcare program
5 component.

6 (1) A child who is eligible for Medicaid coverage
7 under s. 409.903 or s. 409.904 must be enrolled in Medicaid
8 and is not eligible to receive health benefits under any other
9 health benefits coverage authorized under ss. 409.810-409.820.

10 (2) A child who is not eligible for Medicaid, but who
11 is eligible for the Florida Kidcare program, may obtain
12 coverage under any of the other types of health benefits
13 coverage authorized in ss. 409.810-409.820 if such coverage is
14 approved and available in the county in which the child
15 resides. However, a child who is eligible for Medikids may
16 participate in the Florida Healthy Kids program only if the
17 child has a sibling participating in the Florida Healthy Kids
18 program and the child's county of residence permits such
19 enrollment.

20 (3) A child who is eligible for the Florida Kidcare
21 program who is a child with special health care needs, as
22 determined through a medical or behavioral screening
23 instrument, is eligible for health benefits coverage from and
24 shall be referred to the Children's Medical Services network.

25 (4) The following children are not eligible to receive
26 premium assistance for health benefits coverage under ss.
27 409.810-409.820, except under Medicaid if the child would have
28 been eligible for Medicaid under s. 409.903 or s. 409.904 as
29 of June 1, 1997:

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1 ~~(a) A child who is eligible for coverage under a state~~
2 ~~health benefit plan on the basis of a family member's~~
3 ~~employment with a public agency in the state.~~

4 (a)~~(b)~~ A child who is covered under a group health
5 benefit plan or under other health insurance coverage,
6 excluding coverage provided under the Florida Healthy Kids
7 Corporation as established under s. 624.91.

8 ~~(c) A child who is seeking premium assistance for~~
9 ~~employer-sponsored group coverage, if the child has been~~
10 ~~covered by the same employer's group coverage during the 6~~
11 ~~months prior to the family's submitting an application for~~
12 ~~determination of eligibility under the Florida Kidcare~~
13 ~~program.~~

14 ~~(d) A child who is an alien, but who does not meet the~~
15 ~~definition of qualified alien, in the United States.~~

16 (b)~~(e)~~ A child who is an inmate of a public
17 institution or a patient in an institution for mental
18 diseases.

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20 Children who are ineligible for federal funding under Title
21 XIX and Title XXI of the Social Security Act may be enrolled
22 in the Kidcare program based upon family income, and their
23 coverage shall be provided by state funds. Other funds may be
24 contributed toward the cost of the program on a voluntary
25 basis.

26 (5) A child whose family income is above 200 percent
27 of the federal poverty level or a child who is excluded under
28 the provisions of subsection (4) may participate in the
29 Florida Kidcare program, excluding the Medicaid program, but
30 is subject to the following provisions:

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1 (a) The family is not eligible for premium assistance
2 payments and must pay the full cost of the premium, including
3 any administrative costs.

4 (b) The agency is authorized to place limits on
5 enrollment in Medikids by these children in order to avoid
6 adverse selection. The number of children participating in
7 Medikids whose family income exceeds 200 percent of the
8 federal poverty level must not exceed 10 percent of total
9 enrollees in the Medikids program.

10 (c) The board of directors of the Florida Healthy Kids
11 Corporation is authorized to place limits on enrollment of
12 these children in order to avoid adverse selection. In
13 addition, the board is authorized to offer a reduced benefit
14 package to these children in order to limit program costs for
15 such families. The number of children participating in the
16 Florida Healthy Kids program whose family income exceeds 200
17 percent of the federal poverty level must not exceed 10
18 percent of total enrollees in the Florida Healthy Kids
19 program.

20 (d) Children described in this subsection are not
21 counted in the annual enrollment ceiling for the Florida
22 Kidcare program.

23 (6) Once a child is enrolled in the Florida Kidcare
24 program, the child is eligible for coverage under the program
25 for 12 ~~6~~ months without a redetermination or reverification of
26 eligibility, if the family continues to pay the applicable
27 premium. ~~Effective January 1, 1999, a child who has not~~
28 ~~attained the age of 5 and who has been determined eligible for~~
29 ~~the Medicaid program is eligible for coverage for 12 months~~
30 ~~without a redetermination or reverification of eligibility.~~

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1 (7) When determining or reviewing a child's
2 eligibility under the program, the applicant shall be provided
3 with reasonable notice of changes in eligibility which may
4 affect enrollment in one or more of the program components.
5 In order to promote continuity of health care coverage when a
6 transition from one program component to another is
7 appropriate, the transition shall occur without any gaps in
8 coverage, provided that all required premiums are paid there
9 ~~shall be cooperation between the program components and the~~
10 ~~affected family which promotes continuity of health care~~
11 ~~coverage.~~

12 Section 4. Section 409.81753, Florida Statutes, is
13 created to read:

14 409.81753 Kidcare providers.--All children in the
15 Kidcare program shall be provided with a medical home. The
16 Department of Health, in consultation with the Florida Healthy
17 Kids Corporation, shall develop and implement uniform provider
18 standards to be applied to all Kidcare components.

19 Section 5. Section 409.818, Florida Statutes, is
20 amended to read:

21 409.818 Administration.--All agencies implementing the
22 Kidcare program shall administer the program to provide a
23 seamless system and continuity of care. All children eligible
24 for Kidcare shall be issued a uniform Kidcare Card to document
25 their eligibility. Children who become ineligible for one
26 program component shall be reviewed for eligibility for
27 coverage in another program component and, if eligible, shall
28 automatically be transferred to such program component. There
29 shall be a single eligibility determination process, and a
30 single contractor shall be selected to determine eligibility
31 for the KidCare program. The KidCare program is defined as

1 including Medicaid, Medikids, the Children's Medical Services
2 Network, and the Florida Healthy Kids Corporation. The single
3 eligibility determination process shall facilitate the timely
4 enrollment of eligible children and transitions between
5 program components, and allow for preenrollment of an unborn
6 child into the Medicaid program. The Department of Health, in
7 conjunction with the Department of Children and Family
8 Services, the Agency for Health Care Administration, and the
9 Healthy Kids Corporation, shall coordinate the development of
10 the single eligibility process and request for proposal or
11 invitation to negotiate for the selection of a contracted
12 third-party administrator with whom the program components
13 shall contract to perform eligibility determination functions.
14 An interim progress report to the Governor, the President of
15 the Senate, and the Speaker of the House is due no later than
16 February 1, 2002, with implementation to occur no later than
17 June 30, 2002.In order to implement ss. 409.810-409.820, the
18 following agencies shall have the following duties:
19 (1) The Department of Children and Family Services
20 shall:
21 (a) Develop a simplified eligibility application
22 mail-in form to be used for determining the eligibility of
23 children for coverage under the Florida Kidcare program, in
24 consultation with the agency, the Department of Health, and
25 the Florida Healthy Kids Corporation. The simplified
26 eligibility application form must include an item that
27 provides an opportunity for the applicant to indicate whether
28 coverage is being sought for a child with special health care
29 needs. Families applying for children's Medicaid coverage must
30 also be able to use the simplified application form without
31 having to pay a premium.

1 (b) Establish and maintain the eligibility
2 determination process under the program except as specified in
3 subsection (5). The department shall directly, or through the
4 services of a contracted third-party administrator, establish
5 and maintain a process for determining eligibility of children
6 for coverage under the program. The eligibility determination
7 process must be used solely for determining eligibility of
8 applicants for health benefits coverage under the program. The
9 eligibility determination process must include an initial
10 determination of eligibility for any coverage offered under
11 the Florida Kidcare program, as well as a redetermination or
12 reverification of eligibility each subsequent 12 ~~6~~ months.
13 ~~Effective January 1, 1999, a child who has not attained the~~
14 ~~age of 5 and who has been determined eligible for the Medicaid~~
15 ~~program is eligible for coverage for 12 months without a~~
16 ~~redetermination or reverification of eligibility.~~In
17 conducting an eligibility determination, the department shall
18 determine if the child has special health care needs. The
19 department, in consultation with the Agency for Health Care
20 Administration and the Florida Healthy Kids Corporation, shall
21 develop procedures for redetermining eligibility which enable
22 a family to easily update any change in circumstances which
23 could affect eligibility. The department may accept changes in
24 a family's status as reported to the department by the Florida
25 Healthy Kids Corporation without requiring a new application
26 from the family. Redetermination of a child's eligibility for
27 Medicaid may not be linked to a child's eligibility
28 determination for other programs.

29 (c) Inform program applicants about eligibility
30 determinations and provide information about eligibility of
31 applicants to Medicaid, Medikids, the Children's Medical

1 Services network, and the Florida Healthy Kids Corporation,
2 and to insurers and their agents, through a centralized
3 coordinating office.

4 (d) Adopt rules necessary for conducting program
5 eligibility functions.

6 (2) The Department of Health shall:

7 (a) Design an eligibility intake process for the
8 program, in coordination with the Department of Children and
9 Family Services, the agency, and the Florida Healthy Kids
10 Corporation. The eligibility intake process may include local
11 intake points that are determined by the Department of Health
12 in coordination with the Department of Children and Family
13 Services.

14 (b) Design and implement program outreach activities
15 under s. 409.819.

16 (c) Chair a state-level coordinating council to review
17 and make recommendations concerning the implementation and
18 operation of the program. The coordinating council shall
19 include representatives from the department, the Department of
20 Children and Family Services, the agency, the Florida Healthy
21 Kids Corporation, the Department of Insurance, local
22 government, health insurers, health maintenance organizations,
23 health care providers, families participating in the program,
24 and organizations representing low-income families.

25 (d) In consultation with the Florida Healthy Kids
26 Corporation and the Department of Children and Family
27 Services, establishing a toll-free telephone line to assist
28 families with questions about the program.

29 (e) Adopt rules necessary to implement outreach
30 activities.

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1 (3) The Agency for Health Care Administration, under
2 the authority granted in s. 409.914(1), shall:

3 (a) Calculate the premium assistance payment necessary
4 to comply with the premium and cost-sharing limitations
5 specified in s. 409.816. The premium assistance payment for
6 each enrollee in a health insurance plan participating in the
7 Florida Healthy Kids Corporation shall equal the premium
8 approved by the Florida Healthy Kids Corporation and the
9 Department of Insurance pursuant to ss. 627.410 and 641.31,
10 less any enrollee's share of the premium established within
11 the limitations specified in s. 409.816. The premium
12 assistance payment for each enrollee in an employer-sponsored
13 health insurance plan approved under ss. 409.810-409.820 shall
14 equal the premium for the plan adjusted for any benchmark
15 benefit plan actuarial equivalent benefit rider approved by
16 the Department of Insurance pursuant to ss. 627.410 and
17 641.31, less any enrollee's share of the premium established
18 within the limitations specified in s. 409.816. In calculating
19 the premium assistance payment levels for children with family
20 coverage, the agency shall set the premium assistance payment
21 levels for each child proportionately to the total cost of
22 family coverage.

23 (b) Annually calculate the program enrollment ceiling
24 based on estimated per child premium assistance payments and
25 the estimated appropriation available for the program.

26 (c) Make premium assistance payments to health
27 insurance plans on a periodic basis. The agency may use its
28 Medicaid fiscal agent or a contracted third-party
29 administrator in making these payments. The agency may
30 require health insurance plans that participate in the
31 Medikids program or employer-sponsored group health insurance

1 to collect premium payments from an enrollee's family.
2 Participating health insurance plans shall report premium
3 payments collected on behalf of enrollees in the program to
4 the agency in accordance with a schedule established by the
5 agency.

6 (d) Monitor compliance with quality assurance and
7 access standards developed under s. 409.820.

8 (e) Establish a mechanism for investigating and
9 resolving complaints and grievances from program applicants,
10 enrollees, and health benefits coverage providers, and
11 maintain a record of complaints and confirmed problems. In the
12 case of a child who is enrolled in a health maintenance
13 organization, the agency must use the provisions of s. 641.511
14 to address grievance reporting and resolution requirements.

15 (f) Approve health benefits coverage for participation
16 in the program, following certification by the Department of
17 Insurance under subsection (4).

18 (g) Adopt rules that comply with Title XXI of the
19 Social Security Act necessary for calculating premium
20 assistance payment levels, calculating the program enrollment
21 ceiling, making premium assistance payments, monitoring access
22 and quality assurance standards, investigating and resolving
23 complaints and grievances, administering the Medikids program,
24 and approving health benefits coverage.

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26 The agency is designated the lead state agency for Title XXI
27 of the Social Security Act for purposes of receipt of federal
28 funds, for reporting purposes, and for ensuring compliance
29 with federal and state regulations and rules.

30 (4) The Department of Insurance shall certify that
31 health benefits coverage plans that seek to provide services

1 under the Florida Kidcare program, except those offered
2 through the Florida Healthy Kids Corporation or the Children's
3 Medical Services network, meet, exceed, or are actuarially
4 equivalent to the benchmark benefit plan and that health
5 insurance plans will be offered at an approved rate. In
6 determining actuarial equivalence of benefits coverage, the
7 Department of Insurance and health insurance plans must comply
8 with the requirements of s. 2103 of Title XXI of the Social
9 Security Act. The department shall adopt rules necessary for
10 certifying health benefits coverage plans.

11 (5) The Florida Healthy Kids Corporation shall retain
12 its functions as authorized in s. 624.91, including
13 eligibility determination for participation in the Healthy
14 Kids program.

15 (6) The agency, the Department of Health, the
16 Department of Children and Family Services, the Florida
17 Healthy Kids Corporation, and the Department of Insurance,
18 after consultation with and approval of the Speaker of the
19 House of Representatives and the President of the Senate, are
20 authorized to make program modifications that are necessary to
21 overcome any objections of the United States Department of
22 Health and Human Services to obtain approval of the state's
23 child health insurance plan under Title XXI of the Social
24 Security Act.

25 Section 6. Subsections (6), (7), and (8) of section
26 409.904, Florida Statutes, are amended to read:

27 409.904 Optional payments for eligible persons.--The
28 agency may make payments for medical assistance and related
29 services on behalf of the following persons who are determined
30 to be eligible subject to the income, assets, and categorical
31 eligibility tests set forth in federal and state law. Payment

1 on behalf of these Medicaid eligible persons is subject to the
2 availability of moneys and any limitations established by the
3 General Appropriations Act or chapter 216.

4 (6) A child ~~born before October 1, 1983,~~ living in a
5 family that has an income which is at or below 133 ~~100~~ percent
6 of the current federal poverty level, ~~who has attained the age~~
7 ~~of 6,~~ but has not attained the age of 19, ~~and who would be~~
8 ~~eligible in s. 409.903(6), if the child had been born on or~~
9 ~~after such date.~~ In determining the eligibility of such a
10 child, an assets test is not required. A child who is eligible
11 for Medicaid under this subsection must be offered the
12 opportunity, ~~subject to federal rules,~~ to be made
13 presumptively eligible in accordance with federal law by any
14 entity authorized under federal law. A child who has been
15 deemed presumptively eligible for Medicaid shall not be
16 enrolled in a managed care plan until the child's full
17 eligibility determination for Medicaid has been completed.

18 (7) A child who has not attained the age of 19 who has
19 been determined eligible for the Medicaid program is deemed to
20 be eligible for a total of 12 ~~6~~ months, regardless of changes
21 in circumstances other than attainment of the maximum age.
22 ~~Effective January 1, 1999, a child who has not attained the~~
23 ~~age of 5 and who has been determined eligible for the Medicaid~~
24 ~~program is deemed to be eligible for a total of 12 months~~
25 ~~regardless of changes in circumstances other than attainment~~
26 ~~of the maximum age.~~

27 (8) A pregnant woman for the duration of her pregnancy
28 and for the postpartum period, as defined in federal law and
29 rule, and a child under 1 year of age, who lives in a family
30 that has an income above 185 percent of the current ~~most~~
31 ~~recently published~~ federal poverty level, but which is at or

1 below 200 percent of such poverty level. A pregnant woman who
2 applies for eligibility for the Medicaid program through a
3 qualified Medicaid provider shall be offered the opportunity
4 to be made presumptively eligible in accordance with federal
5 law by any entity authorized under federal law.~~In determining~~
6 ~~the eligibility of such child, an assets test is not required.~~
7 ~~A child who is eligible for Medicaid under this subsection~~
8 ~~must be offered the opportunity, subject to federal rules, to~~
9 ~~be made presumptively eligible.~~

10 Section 7. Paragraph (b) of subsection (2) and
11 paragraph (b) of subsection (4) of section 624.91, Florida
12 Statutes, are amended to read:

13 624.91 The Florida Healthy Kids Corporation Act.--

14 (2) LEGISLATIVE INTENT.--

15 (b) It is the intent of the Legislature that the
16 Florida Healthy Kids Corporation serve as one of several
17 providers of services to children eligible for medical
18 assistance under Title XXI of the Social Security Act.
19 Although the corporation may serve other children, the
20 Legislature intends the primary recipients of services
21 provided through the corporation be school-age children with a
22 family income at or below 200 percent of the federal poverty
23 level, who do not qualify for Medicaid. It is also the intent
24 of the Legislature that state ~~and local government~~ Florida
25 Healthy Kids funds, to the extent permissible under federal
26 law, be used to obtain matching federal dollars.

27 (4) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

28 (b) The Florida Healthy Kids Corporation shall phase
29 in a program to:
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1 1. Organize school children groups to facilitate the
2 provision of comprehensive health insurance coverage to
3 children;

4 2. Arrange for the collection of any family, voluntary
5 local contributions, or employer payment or premium, in an
6 amount to be determined by the board of directors, to provide
7 for payment of premiums for comprehensive insurance coverage
8 and for the actual or estimated administrative expenses;

9 3. Establish the administrative and accounting
10 procedures for the operation of the corporation;

11 4. Establish, with consultation from appropriate
12 professional organizations, standards for preventive health
13 services and providers and comprehensive insurance benefits
14 appropriate to children; provided that such standards for
15 rural areas shall not limit primary care providers to
16 board-certified pediatricians;

17 ~~5. Establish eligibility criteria which children must~~
18 ~~meet in order to participate in the program;~~

19 5.6. Establish procedures under which applicants to
20 and participants in the program may have grievances reviewed
21 by an impartial body and reported to the board of directors of
22 the corporation;

23 ~~6.7.~~ Establish participation criteria and, if
24 appropriate, contract with an authorized insurer, health
25 maintenance organization, or insurance administrator to
26 provide administrative services to the corporation;

27 ~~7.8.~~ Establish enrollment criteria which shall include
28 year-round enrollment ~~penalties or waiting periods of not~~
29 ~~fewer than 60 days for reinstatement of coverage upon~~
30 ~~voluntary cancellation for nonpayment of family premiums;~~

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1 ~~9. If a space is available, establish a special open~~
2 ~~enrollment period of 30 days' duration for any child who is~~
3 ~~enrolled in Medicaid or Medikids if such child loses Medicaid~~
4 ~~or Medikids eligibility and becomes eligible for the Florida~~
5 ~~Healthy Kids program;~~

6 8.10. Contract with authorized insurers or any
7 provider of health care services, meeting standards
8 established by the corporation, for the provision of
9 comprehensive insurance coverage to participants. Such
10 standards shall include criteria under which the corporation
11 may contract with more than one provider of health care
12 services in program sites. Health plans shall be selected
13 through a competitive bid process. The selection of health
14 plans shall be based primarily on quality criteria established
15 by the board. The health plan selection criteria and scoring
16 system, and the scoring results, shall be available upon
17 request for inspection after the bids have been awarded;

18 9.11. Participate in the development and
19 implementation of ~~Develop and implement~~ a plan to publicize
20 the Kidcare program ~~Florida Healthy Kids Corporation~~, the
21 eligibility requirements of the program, and the procedures
22 for enrollment in the program and to maintain public awareness
23 of the corporation and the program;

24 10.12. Secure staff necessary to properly administer
25 the corporation. Staff costs shall be funded from state ~~and~~
26 ~~local~~ matching funds and such other private or public funds as
27 become available. The board of directors shall determine the
28 number of staff members necessary to administer the
29 corporation;

30 11.13. As appropriate, enter into contracts with local
31 school boards or other federally approved entities ~~agencies~~ to

1 provide onsite information, enrollment, and other services
2 necessary to the operation of the corporation;

3 12.14. Provide a report on an annual basis to the
4 Governor, Insurance Commissioner, Commissioner of Education,
5 Senate President, Speaker of the House of Representatives, and
6 Minority Leaders of the Senate and the House of
7 Representatives.

8 ~~15. Each fiscal year, establish a maximum number of~~
9 ~~participants by county, on a statewide basis, who may enroll~~
10 ~~in the program without the benefit of local matching funds.~~
11 ~~Thereafter, the corporation may establish local matching~~
12 ~~requirements for supplemental participation in the program.~~
13 ~~The corporation may vary local matching requirements and~~
14 ~~enrollment by county depending on factors which may influence~~
15 ~~the generation of local match, including, but not limited to,~~
16 ~~population density, per capita income, existing local tax~~
17 ~~effort, and other factors. The corporation also may accept~~
18 ~~in-kind match in lieu of cash for the local match requirement~~
19 ~~to the extent allowed by Title XXI of the Social Security Act;~~
20 ~~and~~

21 13.16. Establish eligibility criteria, premium and
22 cost-sharing requirements, and benefit packages which conform
23 to the provisions of the Florida Kidcare program, as created
24 in ss. 409.810-409.820.

25 Section 8. This act shall take effect October 1, 2001.

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1 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2 COMMITTEE SUBSTITUTE FOR
3 Senate Bill 1476

4 The Committee Substitute for Senate Bill 1476 restores current
5 statutory provisions for the Medikids program; reduces
6 eligibility under Kidcare to 200 percent of the Federal
7 Poverty Level; requires a single eligibility process,
8 including facilitation of the timely pre-enrollment of unborn
9 children into Medicaid, coordination by the Department of
10 Health of development of the single eligibility process, and
11 procurement of a single third-party administrator with whom
12 all program components are required to contract to perform
13 eligibility determination functions, with implementation by
14 June 30, 2002; clarifies that local governments may make
15 voluntary contributions; restores the authority of the Healthy
16 Kids Corporation to establish eligibility criteria which
17 conform to the provisions of the Florida Kidcare Program, and
18 corrects inconsistencies regarding continuous eligibility for
19 Medicaid.
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